

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004245 AV

<b>DOCUMENT # A97000000099</b> 1. Entity Name <b>MIZNER LAKE ESTATES, LIMITED PARTNERSHIP</b>	
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FILED

03 MAR 18 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON FL 33487</b>	Mailing Address <b>1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON FL 33487</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>65-0716554</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>POPKIN, EDWARD D ESQUIRE 2499 GLADES ROAD, SUITE 114 BOCA RATON FL 33431-7360</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>P96000097976</b> NAME <b>MIZNER LAKE ESTATES, INC.</b> STREET ADDRESS <b>1200 S. ROGERS CIRCLE, #11</b> CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	STREET ADDRESS CITY-ST-ZIP <b>700014312497</b> 03/18/03--01028--004 **526.25
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CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_